

APPLICATION FOR TRADE ADJUSTMENT ASSISTANCE (TAA)

<p>Complete all items in Sections A through D Mail to: SPECIAL CLAIMS OFFICE TRA STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT PO BOX 419076 RANCHO CORDOVA, CA 95741-9076</p>	<p>SECTION E: Department Use -TAA Certification Information Petition No: _____ Impact Date: _____ Certification Date: _____ Termination Date: _____</p>
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SECTION A: Worker Information

Social Security Number XXX-XX-	Name (First)	(MI)	(Last)	Birthdate
Your Mailing Address		Apt.	City	State
Phone Number Where You Can be Reached ()		Female <input type="checkbox"/>	Male <input type="checkbox"/>	Zip

SECTION B: Employment Information

Name of Affected Employer	Subdivision or Department	Type of Work You Did
Employer's Mailing Address	City	State
Date of First Separation from Affected Employment	Reason for Separation	
Dates of Subsequent Separations	Reasons for Separations	
1.	1.	
2.	2.	
3.	3.	

SECTION C: Other Eligibility Information

	Yes	No	Explain All "Yes" Answers
1. Have you worked for any employer since your separation from the Employer shown in B above?			Employer Name
Date Began Work			Address
Date of Separation			Reason for Separation
2. Have you filed an application for TAA prior to this application?			State Where Filed
			Date Filed
3. Have you filed a claim for Unemployment Insurance benefits since your separation from the affected employer?			Paying State
			Name of Program
4. How did you learn of the certification?			

SECTION D: Worker's Certification

I have answered these questions for the purpose of applying for TAA benefits, knowing that the law provides penalties for making false statements.

Signature of Worker: _____ Date Signed: _____

SECTION F: Department Use - Field Office TAA specialists - Document Incumbent Worker requests for TAA pre-separation training. Worker must complete Section A – D, excluding separation information.

Documentation Supporting Worker Threatened With Layoff/Termination From Affected Employment

Identified From Employer List (Attach Letter From TAA Unit, Central Office)
 Notice From Employer (Attach Layoff Notice or Signed Statement)
 Other _____ (Attach Supporting Document)

Employer Contact Name _____ Employer Contact Phone Number _____ Employer Contact Fax Number _____

Date of Initial Contact (On or After Cert Date) _____ Expected Separation Date _____

No Documentation to Support Worker is Threatened With Separation (Complete DE 8320 IW, Including Section E. Provide Copy to Worker)
 Worker Determined Incumbent (Complete DE 8320 IW and DE 2403T)

Interviewer Signature: _____ Date Signed: _____ F.O. # _____

SOLICITUD DE BENEFICIOS PARA ASISTENCIA PARA AJUSTE DEL COMERCIO (TAA)

<p>Complete todos los incisos en las secciones de A a la D Envíe a: SPECIAL CLAIMS OFFICE TRA STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT PO BOX 419076 RANCHO CORDOVA, CA 95741-9076</p>		<p>SECTION E: Department Use -TAA Certification Information Petition No: _____ Impact Date: _____ Certification Date: _____ Termination Date: _____</p>	
SECCIÓN A: Información sobre el Trabajador			
Número de Seguro Social XXX-XX-	Nombre (Primero)	(Segundo)	(Apellidos)
Su Dirección Postal			Fecha de Nacimiento
Apto.		Ciudad	Estado
Código Postal			
Número de Teléfono Donde Podamos Comunicarnos con Ud. ()	Mujer <input type="checkbox"/>	Hombre <input type="checkbox"/>	
SECCIÓN B: Información sobre el Empleo			
Nombre del Empleador Afectado	Subdivisión o Departamento	Clase de Trabajo que Ud. Hacia	
Dirección Postal del Empleador	Ciudad	Estado	Código Postal
Fecha de la Primera Separación de Empleo Afectado Después de la Fecha de Impacto	Razón de la Separación		
Fechas de las Separaciones Posteriores	Razones de las Separaciones		
1.	1.		
2.	2.		
3.	3.		
SECCIÓN C: Otra Información para Determinar Elegibilidad		Sí	No
1. ¿Ha trabajado para algún empleador desde su separación del Empleador indicado en B anteriormente?			
Fecha en que Empezó a Trabajar			
Fecha de la Separación			
2. ¿Ha presentado una solicitud para TAA antes de esta solicitud?			
		Estado donde la Presentó	Fecha en que la Presentó
3. ¿Ha presentado una solicitud de beneficios del Seguro de Desempleo desde su separación del empleador afectado?			
		Estado que le Paga Beneficios	Nombre del Programa
4. ¿Cómo se enteró de la certificación?			
SECCIÓN D: CERTIFICACIÓN DEL TRABAJADOR			
He contestado estas preguntas con el propósito de solicitar para beneficios de TAA con pleno conocimiento de que la ley provee sanciones por hacer declaraciones falsas.			
Firma del Trabajador: _____		Fecha en que se Firmó: _____	
SECTION F: Department Use - Field Office TAA specialists - Document Incumbent Worker requests for TAA pre-separation training. Worker must complete Section A – D, excluding separation information.			
Documentation Supporting Worker Threatened With Layoff/Termination From Affected Employment			
<input type="checkbox"/> Identified From Employer List (Attach Letter From TAA Unit, Central Office)	<input type="checkbox"/> Notice From Employer (Attach Layoff Notice or Signed Statement)	<input type="checkbox"/> Other _____ (Attach Supporting Document)	
Employer Contact Name	Employer Contact Phone Number	Employer Contact Fax Number	
Date of Initial Contact (On or After Cert Date)	Expected Separation Date		
<input type="checkbox"/> No Documentation to Support Worker is Threatened With Separation (Complete DE 8320 IW, Including Section E. Provide Copy to Worker)	<input type="checkbox"/> Worker Determined Incumbent (Complete DE 8320 IW and DE 2403T)		
Interviewer Signature: _____	Date Signed: _____	F.O. # _____	